

LO9000098405

(Requestor's Name)

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(Address)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROWNING CONSULTANTS CONSORTUIM, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L09000098405

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMBER MORGAN

Name of Person

MGM

Name of Firm/Company

74 NE 4TH AVE

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

AMBER.MORGAN@MINTGLOBALMARKETING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMBER MORGAN

Name of Person

at (

561

Area Code

563-7514

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ROBERT H SHANER

Name of Registered Agent

_____, hereby resigns as

Registered Agent for **BROWNING CONSULTANTS CONSORTUIM, LLC**

Name of Limited Liability Company

L09000098405

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Robert Shaner

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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